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## United States Bankruptcy Court Western District of Virginia, Lynchburg Division

IN RE: Ragland, Harold L. & Ragland, Maud	do A	Classe No. <u>12-60369</u>
Ragiano, Harolo L. & Ragiano, Mauc	Debtor(s)	Chapter 13
AMEN	DED CHAPTER 13 PLAN ANI	RELATED MOTIONS
This plan, dated August 31, 2015, is	:	
[ ] the first Chapter 13 plan filed [X] a modified Plan that replaces [X] confirmed or [ ] unconfir		
Date and Time of Modified Plan Conf	Tirmation Hearing:	
Place of Modified Plan Confirmation	Hearing:	
The plan provisions modified by this t	filing are:	
1. Funding of the Plan; 2. Priority C	reditors.	
Creditors affected by this modification	n are:	
3. Internal Revenue Service (Provid	e for Post-Petition Income Tax Liab	ility).
this Plan, or if you oppose any inclu leases or executory contracts, you M This Plan may be confirmed and be avoid liens, and assume or reject un unless a written objection is filed no	ded motions to (i) value collateral, (IUST file a timely written objection come binding, and the included motexpired leases or executory contract tlater than seven (7) days prior to	nese papers carefully. If you oppose any provision of (ii) avoid liens, or (iii) assume or reject unexpired .  Stions in paragraphs 3, 6, and 7 to value collateral, ts may be granted, without further notice or hearing the date set for the confirmation hearing and the
objecting party appears at the confi	J	
The debtor(s)' schedules list assets and	d liabilities as follows:	
Total Assets: \$ 408,564.00 Total Non-Priority Unsecured Total Priority Debt: \$ 43,289 Total Secured Debt: \$ 248,56	.82	
1. Funding of Plan. The debtor(s) p	propose to pay the Trustee the following per month for 31 mo	ng total sum as follows: (1) \$40,445.00, as of August 31 nths.
The total amount to be paid into t	he Plan is <b>\$103,840.00</b>	
<ul> <li>A. Administrative Claims under 1. The Trustee will be paid except for funds returned 2. Debtor(s)' attorney will be payments to remaining c</li> <li>B. Claims under 11 U.S.C. §50 The following priority creditors w</li> </ul>	er 11 U.S.C. § 1326. the percentage fee fixed under 28 U.S. I to the debtor(s). the paid § 0.00 balance due of the total reditors. Total libraries by deferred cash payments allowed claims pursuant to 11 U.S.C.	Ill unless the creditor agrees otherwise.  S.C. § 586(e), not to exceed 10%, of all sums disbursed fee of \$ 2,750.00 concurrently with or prior to the spro rata with other priority creditors or in monthly 1. § 507(a)(1) will be paid prior to other priority creditors
Creditor Internal Revenue Service	Type of Priority <b>Taxes</b>	Estimated Claim Payment and Term 40,061.25 746.46 54 months

3. Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection

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Payments, and Payment of certain Secured Claims.

A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 3(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 4 of the Plan. The following secured claims are to be "crammed down" to the following values:

Creditor Collateral Purchase Date Estimated
Debt Bal. Replacement Value

None

**B. Real or Personal Property to be Surrendered.** Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay as to the interest of the debtor(s) and the estate in the collateral.

Creditor Collateral Description Estimated Value Estimated Total Claim

None

**C.** Adequate Protection Payments. The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 3(D) and/or 6(B) of the Plan, as follows:

Creditor	Collateral	Adeq. Protection Monthly Payment	To Be Paid By
John Deere Financial	John Deere Zero Turn	50/month for 2 months	Trustee
Louisa County Treasurer	Pers. & Bus. Property	90/month for 2 months	Trustee
Springleaf Financial Services	1997 International Truck	87/month for 2 months	Trustee
GE Cap Retail Bank (Cap REcovery)	07 Pace Trailer	15/month for 2 months	Trustee

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 6(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

**D.** Payment of Secured Claims on Property Being Retained (except only those loans provided for in section 5 of the Plan): This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, **whichever is less**, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. **Upon confirmation of the Plan, the valuation and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.** 

Creditor	Collateral	Approx. Bal. Of Debt or "Crammed Down" Value	Interest Rate	Monthly Payment & Est. Term
GECredit Regional Bank	2007 Pace Trailer	1195.68	5.25%	35.07 36 mos
John Deere Financial	John Deere Zero Turn Mo	4964.00	5.25%	132.82 40 mos
Louisa County Treasurer	Pers. & Bus. Property	9005.38	10.00%	260.36 40 mos
Springleaf Financial Servi	i 1997 International Truck	8658.83	5.25%	231.68 40 mos

**E. Other Debts.** Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' primary residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 5 of the Plan.

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Unsecured Claims	•						
after disbursement	to allowed secured an	on-priority unsecured d priority claims. Esti estimate unsecured cr	mated distrib	ution is appr	oximately 100	<b>0.00</b> %. If this c	ase were
B. Separately class	sified unsecured clai	ms.					
Creditor None		Basis for Classification			Treatment		
	ner secured or unsec	perty Constituting th ured, to be continued					
paid by the debtor(seither pro rata with	s) pursuant to the cont other secured claims	payments; arrears, it ract without modification on a fixed monthly don the arrearage claim	tion, except t basis as indi	hat arrearage cated below,	s, if any, will without interes	be paid by the 'est unless an int	Trustee erest rate
Creditor	Collateral	Regul	lar Contract Payment	Estimated Arrearage	Arrearage Interest Rate	Estimated CureMor	nthly Arrearage Payment
Fannie Mae	Debtors Primary Resi 489 Will Johnson Roa		880/Month	0.0	N/A	N/A	N/A
		e during the period of other secured claims of Regul				elow. e Mon	all be thlyPayment on tage & Est. Term
None							
the debtor(s)' princi	pal residence upon w by the Trustee during	e paid fully during to hich the last schedule g the term of the Plan	d contract pa	yment is due	before the fin	al payment und	er the Plan
Creditor	Collateral			erest Rate	Estimated Claim	Pa	Monthly ayment & Term
None							
Executory Contract leases listed below.		eases. The debtor(s) r	move for assu	mption or rej	ection of the	executory contr	acts and
A. Executory contr	racts and unexpired	leases to be rejected	. The debtor(	s) reject the f	ollowing exec	cutory contracts	
Creditor <b>None</b>	Тур	e of Contract					
debtor agrees to abi	de by all terms of the	leases to be assumed agreement. The Trustor on a fixed monthly	tee will pay t	he pre-petitio			
Creditor	Тур	ne of Contract		Arı	Mont	hly Payment for Arrears	Estimated Cure Period

Liens Which Debtor(s) Seek to Avoid.

None

A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f). The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. Unless a written objection is timely filed Case 13-60369 Doc 67 Filed 08/31/15 Entered 08/31/15 17:36:43 Desc Main Document Page 4 of 11

with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien. If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

Creditor Collateral Exemption Basis Exemption Amount Value of Collateral **None** 

**B.** Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate pleadings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

Creditor Type of Lien Description of Collateral Basis for Avoidance

None

- 8. Treatment and Payment of Claims.
  - All creditors must timely file a proof of claim to receive payment from the Trustee.
  - If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the plan, the creditor may be treated as unsecured for purposes of distribution under the plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
  - If a claim is listed in the plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the plan.
  - The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- 9. Vesting of Property of the Estate. Property of the estate shall revest in the debtor(s) upon confirmation of the Plan. Notwithstanding such vesting, the debtor(s) may not sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- 10. Incurrence of indebtedness. The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, either unsecured or secured against personal property, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.
- 11. Other provisions of this plan:

The \$\_0.00\_ in Debtor(s)' attorney's fees to be paid by the Chapter 13 Trustee are broken down as follows: \$\_0.00\_: Fees to be approved, or already approved, by the Court at initial plan confirmation;

- \$ \_\_0.00\_\_\_: Additional pre-confirmation or post-confirmation fees already approved by the Court by separate order or in a previously confirmed modified plan
- \$ \_\_0.00\_\_\_: Additional post-confirmation fees being sought in this modified plan, which fees will be approved when this plan is confirmed;

Dated: <b>August 31, 2015</b>	/s/ Harold L. Ragland
	Debtor
/s/ Stuart C. Salmon	/s/ Maude A. Ragland
Debtor(s)' Attorney	Joint Debtor

Salmon Harville PO Box 1572 Charlottesville, VA 22902-1572 (434) 214-0210

 $\label{eq:copy} \textbf{Exhibits:} \qquad \textbf{Copy of Debtor(s)' Budget (Schedules I and J);}$ 

Matrix of Parties Served with plan

Certificate of Service

I certify that on	, I mailed a copy of the foregoing to the creditors and parties in interest on the attached Service
List.	

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/s/ Signature

Salmon Harville PO Box 1572 Charlottesville, VA 22902-1572 (434) 214-0210 Fax: (757) 353-439

Ver. 09/17/09 [effective 12/01/09]

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American Express PO Box 981537 El Paso, TX 79998-1537

Bank of America, N.A. 4161 Piedmont Pkwy Greensboro, NC 27410-8110

Capital One PO Box 30281 Salt Lake City, UT 84130-0281

Federal National Mortgage Association C/O Seterus, Inc. PO Box 2008 Grand Rapids, MI 49501-2008

GECRB / Belk PO Box 965005 Orlando, FL 32896-5005

GECredit Regional Bank Funancing C/O PO Box 965036 Orlando, FL 32896-5036

Internal Revenue Service Insolvency Units 400 N 8th St Ste 76 Richmond, VA 23219-4836

Louisa County Treasurer PO Box 523 Louisa, VA 23093-0523

PMAB LLC 5970 Fairview Rd Ste 800 Charlotte, NC 28210-0091

Springleaf Financial Services 290 Shen Elk Plz Elkton, VA 22827-1166

Taxing Authority Consulting Services, P.C. PO Box 1270 Midlothian, VA 23113-8270

UVA Physicians Group 500 Ray C Hunt Dr Charlottesville, VA 22903-2981 Bank of America PO Box 982235 El Paso, TX 79998-2235

Bullcity Financial Solutions 1107 W Main St # 201 Durham, NC 27701-2028

Continental Emergency Services 8260 Atlee Rd Mechanicsville, VA 23116-1844

G.E. Capital Retail Bank PO Box 960061 Orlando, FL 32896-0061

GECRB / Sams PO Box 965005 Orlando, FL 32896-5005

Household Finance Corporation 2700 Sanders Rd Prospect Heights, IL 60070-2701

John Deere Financial, f.s.b. Attn: David Negrete PO Box 6600 Johnston, IA 50131-6600

NCB Management Services 1 Allied Dr Trevose, PA 19053-6945

Sperry Marine FCU VISA PO Box 4519 Carol Stream, IL 60197-4519

SunTrust Bank Attn: Support Services PO Box 85092 Richmond, VA 23285-5092

UVA Comm Cred 3300 Berkmar Dr Charlottesville, VA 22901-1491 Case 13-60369 Doc 67 Filed 08/31/15 Entered 08/31/15 17:36:43 Desc Main Document Page 7 of 11

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Fill in this in	formation to identify yo	our case:		
Debtor 1	Harold L. Ragland	Middle Name	Last Name	
Debtor 2	Maude A. Ragland	Wildervarie	Last Name	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for the: We	estern District of Virginia, Ly	nchburg Division	
Case number	12-60369			Check if this is:
(If known)				☐ An amended filing
				☐ A supplement showing post-petition chapter 13 income as of the following date:

## Official Form 6I

## Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

MM / DD / YYYY

Part 1: Describe Employm	nent					
Fill in your employment information.		Debtor 1			Debtor 2 or non-f	fili ng spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed Not employ	ed		☐ Employed ☐ Not employed	
Include part-time, seasonal, or self-employed work.					Duivete Citter	
Occupation may Include student or homemaker, if it applies.	Occupation			=	Private Sitter	
	Employer's name				Cap Mattie	
	Employer's address	Number Street			3405 Piperfife Ct Number Street	
					Keswick, VA 2294	47-9144
		City	Stat	e ZIP Code	City	State ZIP Code
	How long employed there	e? 			14 years	
Part 24 Give Details About	t Monthly Income					
Estimate monthly income as of spouse unless you are separated if you or your non-filing spouse habelow. If you need more space, a	l. ave more than one employer	; combine the info				
				For Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, sal deductions). If not paid monthly,			2.	\$0.00	\$ <u>1,625.00</u>	_
3. Estimate and list monthly ove	rtime pay.		3.	+\$0.00	+ \$0.00	
4. Calculate gross income. Add I	ine 2 + line 3.		4.	\$0.00	\$ <u>1,625.00</u>	

Official Form 6l Schedule I: Your Income page 1

Debtor 1

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Harold L. Ragland
First Name Middle Name Last Name

Case number (if known) 12-60369

Desc Main

		For	Debtor 1		ebtor 2 or ing spouse	
Copy line 4 here	<b>→</b> 4.	\$	0.00	\$	1,625.00	
5. List all payroll deductions:						
5a. Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	337.99	
5b. Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
5c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
5e. Insurance	5e.	\$	0.00	\$	0.00	
5f. Domestic support obligations	5f.	\$	0.00	\$	0.00	
5g. Union dues	5g.	\$	0.00	\$	0.00	
5h. Other deductions. Specify:	5h.	+\$	0.00	+ \$	0.00	
6. <b>Add the payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.	6.	\$	0.00	\$	337.99	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	1,287.01	
8. List all other income regularly received:						
8a. Net income from rental property and from operating a business, profession, or farm						
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	2,045.00	\$	0.00	
8b. Interest and dividends	8b.	\$	0.00	\$	0.00	
8c. Family support payments that you, a non-filing spouse, or a depend regularly receive	ent					
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
8d. Unemployment compensation	8d.	\$	0.00	\$	0.00	
8e. Social Security	8e.	\$	1,547.00	\$	969.00	
8f. Other government assistance that you regularly receive						
Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	nce 8f.	\$	0.00	\$	0.00	
8g. Pension or retirement income	8g.	\$	1,281.00	\$	0.00	
8h. Other monthly income. Specify:	8h.	+\$	0.00	+ \$	0.00	
9. <b>Add all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	4,873.00	\$	969.00	
10. <b>Calculate monthly income.</b> Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	10.	\$	4,873.00	<b>+</b> \$	2,256.01	= \$ 7,129.01
11. State all other regular contributions to the expenses that you list in <i>Sche</i> Include contributions from an unmarried partner, members of your household,			ents, your roor	nmates, aı	nd	
other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are	not e	<i>r</i> ailahla	to nav evnen	spe lietad i	in Schedule I	
Specify:	. 1101 a			—		+ \$ 0.00
<ol> <li>Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of Columns</li> </ol>				•		\$7,129.01
13. Do you expect an increase or decrease within the year after you file this  No.	form?	•				monthly income
Yes. Explain: None						

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Fill in th	is information to identify y	our case:			
Debtor 1	Harold L. Ragland	Middle Name Last Name	Check if this	is:	
	Maude A. Ragland First Name	Middle Name Last Name	An amen	ded filing ment showing post-p	petition chapter 13
United Sta	ates Bankruptcy Court for the: V	Vestern District of Virginia, Lynchburg Division		s as of the following	
Case num (If known)	12-60369		MM / DD / □ A separa	TYYYY ute filing for Debtor 2	because Debtor 2
Officia	al Form 6J		maintains	s a separate househ	old
Sche	edule J: You	ır Expenses			12/13
information		ssible. If two married people are filind, attach another sheet to this form			
Part 1:	Describe Your Hous	sehold			
1. Is this a	a joint case?				
	Go to line 2.  Does Debtor 2 live in a se	eparate household?			
	No Yes. Debtor 2 must file	a separate Schedule J.			
2. Do you	have dependents?	<b>▼</b> No	Dependent's relationship to	Do nondontio	Do oo donondont live
Do not l Debtor	ist Debtor 1 and 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	De pendent's age	Does dependent live with you?
Do not s	state the dependents'		<u></u>		☐ No ☐ Yes
					□ No □ Yes
					☐ Yes
					Yes
					☐ No
					☐ Yes
					☐ No ☐ Yes
expens	r expenses include es of people other than If and your dependents?	☑ No □ Yes			
Part 2:	Estimate Your Ongoir	ng Monthly Expenses			
expenses	as of a date after the bank	bankruptcy filing date unless you a kruptcy is filed. If this is a suppleme	•	•	•
applicable			lar and the makes of		
		cash government assistance if you it on Schedule I: Your Income (Office		Your exper	nses
	ntal or home ownership ex nt for the ground or lot.	xpenses for your residence. Include	first mortgage payments and	\$ <b>680</b> .	.00
If not	included in line 4:				
4a. F	Real estate taxes			4a. \$ <b>0.0</b>	00
4b. F	Property, homeowner's, or re	enter's insurance		4b. \$ <b>0.0</b>	00
4c. F	lome maintenance, repair, a	and upkeep expenses		4c. \$ 200	.00

4d. Homeowner's association or condominium dues

0.00

4d.

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Harold L. Ragland
First Name Middle Name Case number (if known) 12-60369 Debtor 1 Last Name

			Your expenses	
5	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
5.		5.		
6.	Utilities:	6-	<b>c</b>	400.00
	<ul><li>6a. Electricity, heat, natural gas</li><li>6b. Water, sewer, garbage collection</li></ul>	6a.	\$ \$	27.00
	<ul><li>6b. Water, sewer, garbage collection</li><li>6c. Telephone, cell phone, Internet, satellite, and cable services</li></ul>	6b. 6c.	Ψ \$	240.00
		6d.	Ψ \$	150.00
7	Food and housekeeping supplies		Ψ \$	650.00
		7.	Φ	
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	0.00 0.00
0.	Personal care products and services	10.	\$	
1.	Medical and dental expenses	11.	\$	500.00
2.	<b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.	12.	\$	1,000.00
3.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	22.00
4.	Charitable contributions and religious donations	14.	\$	0.00
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	350.00
	15b. Health insurance	15b.	\$	275.00
	15c. Vehicle insurance	15c.	\$	90.00
	15d. Other insurance. Specify: <b>Business Insurance</b>	15d.	\$	0.00
6.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	\$	0.00
7.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
8.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18.	\$	0.00
9.	Other payments you make to support others who do not live with you.		\$	0.00
	Specify:	19.	Ψ	
0.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ne.		
	20a. Mortgages on other property	20 a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	350.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

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Other. Specify:	21. <b>+</b> \$0.00
Your monthly expenses. Add lines 4 through 21.	\$\$,084.00
The result is your monthly expenses.	22.
3. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	<sub>23a.</sub> \$ 7,129.01
23b. Copy your monthly expenses from line 22 above.	-\$ <b>5,084.00</b>
23c. Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .	\$ 2,045.01
4. Do you expect an increase or decrease in your expenses within the year after you file For example, do you expect to finish paying for your car loan within the year or do you expenses.	ct your
mortgage payment to increase or decrease because of a modification to the terms of your model. No.	ortgage?
□ <sub>Voc</sub> None	

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